OUTCOME: CHILDREN AND VULNERABLE ADULTS ARE SAFE

KEY RESULT: RESIDENTS WHO ARE ELDERLY OR WHO HAVE DISABILITIES ARE ABLE TO RESIDE SAFELY IN THE LEAST RESTRICTIVE ENVIRONMENT.

Assisted Living Services

DHHS provides protected living environments for the frail elderly and adults with disabilities, using the adult foster care and small group home models. These clients are referred because of mental or physical disability, abuse or neglect, or inability to live independently in the community.

Program Measures

- 1. Increase the percentage of elderly and disabled adult clients at risk for neglect, self-neglect, abuse or exploitation who are placed in foster care or group homes to increase their safety.
- 2. Increase the percentage of adults residing in foster care or group homes six months after placement
- 3. Increase the percent of adults residing in foster care or group homes twelve months after placement

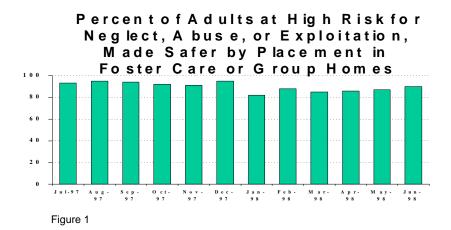
Data Agenda

Aging & Disability Services is developing an integrated data base to track program measures.

Complete analysis to determine reasons why people leave foster care and group homes.

A growing elderly population, increased awareness of elder abuse and neglect, and an increasing number of younger people with AIDS and other chronic health disabilities who need supportive housing has resulted in a greater demand for long-term care services. The cost associated with nursing home placement, the inability of nursing homes to meet some of the needs of younger people, and the desire to remain in the community led to the development of other housing options for people who require assistance, including adult foster care and group homes.

Program Measure 1: Increase the percentage of adults at risk for neglect, self-neglect, abuse or exploitation made safer by placement in foster care or group homes.



DHHS began collecting data on this program measure in July 1997. Monthly FY98 statistics indicate that 82% to 95% of the frail elders and adults with disabilities who were placed in foster care or a group home had been at risk of neglect, abuse or exploitation at the time they were placed. During FY98, 83 adults were placed in adult foster care and 71 in group homes. As of June 30, 1998, there were 32 people on the waiting list. Increased funding in FY99 is expected to allow placement of 11 people from the waiting list.

Program Measure 2: Increase the percentage of adults residing in foster care or group homes six months after placement.



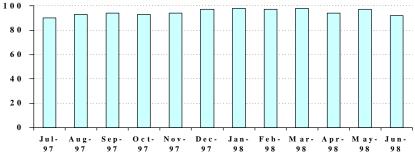
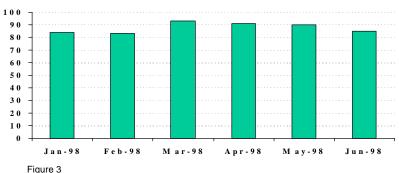


Figure 2

FY98 monthly statistics report the percent of adults remaining in the same group or foster care home six months after placement ranged from 90% to 98%. An analysis will be undertaken to evaluate the reasons people leave care.

Program Measure 3: Increase the percentage of adults residing in foster care or group homes twelve months after placement.





The percentage of residents in stable arrangements six and twelve months after placement indicates the success of the program in providing long term safe solutions for frail senior and adults with disabilities. This indicates that the program is achieving the goal of a safe and stable environment. Data is now being compiled to analyze the reasons people leave care.

WHAT WORKS

The decision to place a client in adult foster care or a group home is based on whether a particular client would fare better living with a family or with a small group of peers. Studies of adult foster care demonstrate that it improves the residents' quality of life.

Both foster care and group home programs need to balance flexibility for the providers with maintaining desirable standards of care. The recommended model has both the caregivers and a team of professionals working together to maintain and improve standards of care.

Placement with a committed care provider and social work case management for each resident contributes to the success of both adult foster care and group home placements. Case managers certify and monitor the adult foster care homes and monitor the client's care in group homes. They also help arrange needed services, such as adult day care, occasional in-home aide services, job support, representative payee, and training for both providers and residents.

Monitoring of the homes ensures that standards of care are met. Each resident

receives an individual care plan with goals to ensure safety, health and maximum self-sufficiency. Case management services are crucial to enable these vulnerable adults to remain in permanent and stable housing.

Medication education for care providers helps to ensure that residents are maintained in the same home. New assisted living regulations that become effective January 1, 1999 for group homes and July 1, 1999 for foster care homes, require nurse oversight for medications.

STRATEGIES

To maintain the percent of adults who are made safer by placement in foster care or group homes, Assisted Living will:

- Continue funding at expanded level for adult foster care and group homes for seniors and persons with disabilities.
- Extend medications education and oversight to all providers of adult foster care.

To maintain the percent of frail seniors and adults with disabilities who remain in permanent living arrangements six months after placement, Assisted Living will:

Maintain current case management to ensure that appropriate supports are in place for caregivers and foster care clients.

Program referrals reflect increasingly complex care needs. Often an attempt to provide services is made for an adult whose needs may be too great despite all efforts. During this next fiscal year, data will help identify which strategies increase retention rates.

COORDINATION OF EFFORTS

LEAD PROGRAM

Aging And Disability Services

Assisted Living Services

OTHER DHHS PROGRAMS

Aging And Disability Services

- Assessment Services
- Information and Assistance
- Community/Nursing Home Medical Assistance
- Continuing Case Management
- In-Home Aide Services

Adult Mental Health And Substance Abuse

Adult Outpatient Mental Health Services

Crisis, Income And Victim Services

- 24-Hour Crisis Center
- Public Assistance Benefits Certification

Public Health Services

- Health Promotion and Prevention
- STD/HIV Prevention and Treatment

Children, Youth And Family Services

Child Welfare Services

Accountability and Customer Services

OTHER COUNTY DEPARTMENT OR AGENCIES

Public Works and Transportation

Housing Opportunities Commission

Community Development and Housing

OTHER GOVERNMENT DEPARTMENTS OR AGENCIES

Department of Health and Mental Hygiene

Department of Disability Administration

Office on Aging

Social Security Administration

OTHER PARTNERS
Winter Growth
Jubilee Association
Threshold Services, Inc.
Rock Creek Foundation
Centers for the Handicapped, Inc.
Support Center
Community Ministries of Montgomery County
Mar Lyn, Inc.
Rehabilitative Opportunities, Inc.
Kennedy Institute
University Fellowship
Misler Center
Shady Grove Adventist Day Care
Holy Cross Hospital Day Care
Catholic Charities
Manor Care at Sligo Creek Day Care
Randolph Hills Day Care
Whitman Walker Clinic
Commission on Aging
Commission on People with Disabilities